U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

"/""\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\			
1. File Number U - 1962	2. Fiscal Year Covered From:		
	7/1/04 Through: 12/31/04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name THOMAS 15 SPARACIO	Name CEMENTMASONS LOCAC 592		
/	Labor Organization File Number 62/294		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 39 SONQUIL WAY	Street 2511 SNYDER AUE		
CITY SICKLEPUICLE	Chy PHICADEPHIA		
State NEW JERSET ZIP Code + 4 08081	State PA ZIP Code + 4 19/45		
5. Position in labor organization. BUSINESS REP.			
(except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
A. Held an interest in, engaged in transactions (including loans) with, or o	derived income or other economic benefit of		
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income.		
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.		
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monetary value from an employer whose employees your organization of the second	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.b. Amount.		

Name of Person Filling HOMAS S. SPARACIO	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name CEMENT MISONS BENEFIT FUNDS LILL 592 Trade Name, if any:	a. Labor Organization		
P.O. Box, Bidg., Room No., if any	b. Trust		
Street 2315 5. 22NE ST.	c. Employer		
city PHICA			
State PA ZIP Code + 4 19145			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name CEMENT MASONS BENEFIT FUNDS	YEAR END REVIEW OF FUNDS		
Trade Name, if any:	12-20-04		
P.O. Box, Bldg., Room No., if any			
Street 2315 5, 224 ST	11.b. Approximate dollar value of such dealing.		
City PHILA	12.a. Nature of interest held or income received.		
State PP ZIP Code + 4 . 19745	DINNER/REVIEW		
	12.b. Amount 51340		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street;			
City	:		
State ZIP Code + 4			
	14.b. Amount of payment.		

or Consultant

13.b. Is the Business an Employer

Name of Person Filling THOMAS S. SPARACIO	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seaking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name CHARTWELL INVESTMENT PARTNERS	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	•
Street 1235 WESTLAKES DRIVE-SUITE 400	c. Employer
CHY BERNYN	
State PA ZIP Code + 4 19312-2416	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
	PROVIDE INFORMATION FOR BENEFIT
Name CEMENT MASONS BENEFIT. FUNDS	FUND ON 4-22-04
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 2315 5, 22nd ST.	11.b. Approximate dollar value of such dealing. 145,916 gr
City PHILA	12.a. Nature of interest held or income received.
State PA ZIP Code + 4 19145	DINNER/REVIEW
	12.b. Amount \$153,54
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
	•
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street:	
СЊу	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filling 140MAS S. SPARACIO	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name CHARTWELL THUSTHENT PARTNERS	a Labor Oscanization			
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	····			
Street 1235 WESTLAKES DRIVE SUITE 400	c. Employer			
CAY BERWYN				
State PA ZIP Code + 4 193/2				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. PROVIDE INFO FOR BENEFIT FUND			
Name CEMENT MASONS BENEFITS FUNDS	11-04-04			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 2815 S. 22 nd ST.	11.b. Approximate dollar value of such dealing. \$45,9% or			
city PHILA	12.a. Nature of interest held or income received.			
State PA ZIP Code + 4 19145	DINNER/REVIEW			
	11-04-04			
	12.b. Amount. \$ 189, 69			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(Including trade name, if any).				
Name	•			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13 h le the Rusinees en Employer or Consultant ?	14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant ?	المستعملية بولد والتندار الربد اليبارات			

Hame of Person Filling THOMAS S. SPARACIO		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name LORD ABBETT	a. Labor Organiza	tion	
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 90 HUDSON ST			
ON JERSEY CITY			
State N.S. ZIP Code + 4 67302 - 3973			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	o Discount of the control of the con	
Name CRMENT MASONS LOCAL UNION 592 BENEFIT FUNDS	PROUDE I	TUPO FOR BENEAT FLOWERS	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	,		
Street 23/5 5. 221 5.T.	11.b. Approximate dollar valu	ue of such dealing. \$108,627 av	
City PHICA	12.a. Nature of interest hel		
State PA ZIP Code + 4 · 9145	DINNER	REVIEW MEETING	
	10-	14-04	
	_	,	
	12.b. Amount. \$\frac{130}{130}	, 00	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.	and the second s	
Name			
Trade Name, if any:	•		
P.O. Sox, Bidg., Room No., if any			
Street			
City			
State ZIP Code + 4		:	
	14.b. Amount of payment.	الله من المستقديد المدارعة المستقدات المدارعة المدارعة المستقدي المدارعة المستقد المدارعة المستقدم والمدارعة و وقال المستقدمة المدارعة المدارعة المدارعة المدارعة المدارعة المدارعة المستقدمة المدارعة المدارعة المدارعة المد	
13.b. is the Business an Employer or Consultant ?			

Name of Person Filing THOMAS S. SPARACIO	rea number o-		
B. Held an Interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name OLD GLORY ASSET MANAGEMENT LLC	9. Business deals with: a. Labor Organization		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 5 GREAT VALLEY DR-SUITE 326 City MALVERN, State PA ZIP Code + 4 19355			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name CHENT MASONS 592 Trade Name, if any:	11.a. Nature of such dealing. DINNER/REVIEW		
P.O. Box, Bidg., Room No., if any Street 23/5 6, 22/457 City PHI (A State PA ZIP Code + 4 19/45	11.b. Approximate dollar value of such dealing. #47,889.00 12.a. Nature of interest held or income received.		
C. Received from any employer (other than an employer covered unde	12.b. Amount \$68.00		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value. 14.a. Nature of payment.		
(including trade name, if any). Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street			
City State : ZIP Code + 4			
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Party THOMAS STATUTOLO -		
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	sty seeking to represent, or rectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name INDEPENDENCE BLUE CROSS	a. Labor Organization	
Trade Name, if any:	b. Trust	The second of the second
P.O. Box, Bidg., Room No., if any	c. Employer	
Street 1901 MARICET ST.		
Cay Ph.LA ZIP Code + 4:19103-1485		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name, CEMENT MASONS LUCAL 592 TRUST FLACKS	HEALTH INSURANCE P	MINEL
Trade Name, If any:	to membership	
P.O. Box, Bldg., Room No., if any		# #* = · · · * ·== ·
Street 2315_50. 22 NO. ST.	11.b. Approximate dollar value of such dealing.	1,897,267.72
city Phila	12.a. Nature of interest held or income received.	, <u></u>
State PO ZIP Code + 4 . 19145	9-18-04 Philhes	Tix 90.00
		90.00
	12.b. Amount	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and 8 above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, If any:		
P.O. Box, Bldg., Room No., if any		
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City	1 : 1	
State ZIP Code + 4	The second section is a second section of the section of the section of the second section of the section	
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13.b. to the Business an Employer or Consultant ?		

File Number U-